



# CITY OF NEWTON

## SEASONAL EMPLOYMENT APPLICATION

### PARKS AND RECREATION USE ONLY

*An Affirmative Action/Equal Opportunity Employer*

Please fill out **both** sides of this form completely.

**PERSONAL DATA** Please **print** answers, if not applicable write N/A in blank. Additional sheets will be provided if needed.

Name (Last, First, Middle)		Date	Position Desired	
Address (Street, City, State, Zip)			Telephone Number	
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, do you have authorization to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, what Class? A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D (auto) <input type="checkbox"/>		Social Security Number	Are you under the age of 16? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you related to anyone employed by the City of Newton? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please list names, relationships and departments:				
In case of emergency notify (name, address, phone):			Home Number:	
			Work Number:	

### EDUCATION RECORD

Please check one: Full-time student <input type="checkbox"/> Part-time student <input type="checkbox"/> Not a student <input type="checkbox"/>		Please list name and address of school currently attending:	
Date of return to school at the end of this current vacation period: _____		Date/Year of Graduation _____	
High School/Vocational School (City, State, Zip)		Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Course
College (City, State, Zip)		Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Field
			Degree
Please list any specialized licenses/certificates, languages spoken, special skills, etc.			

**EMPLOYMENT RECORD** Please include volunteer positions.

In this top section, please list any previous employment with the City of Newton (Date, Position, Department):				
Employer's Name	City, State, Zip	Dates Employed From: To:	Position	Salary
Briefly describe your responsibilities:				
Reason for leaving	Supervisor	Telephone	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer's Name	City, State, Zip	Dates Employed From: To:	Position	Salary
Briefly describe your responsibilities:				
Reason for Leaving	Supervisor	Telephone	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**READ CAREFULLY BEFORE SIGNING:** I understand that permanent employment depends upon the result of satisfactory replies from my references, a favorable report of my physical examination, the completion of a probationary period and a Civil Service appointment if applicable. I hereby authorize the City to contact any of my previous employers or to contact schools, companies, credit bureaus, corporations, law enforcement agencies, persons and educational institutions to supply information concerning my background. I also hereby release any of the above from any liability and responsibility arising from their doing so.

I hereby also give my permission, as a condition of employment or a part of my duties relating to employment for the release of all appropriate background information regarding my credit history, criminal record history, driving history or other sources of information which is permissible by all governing laws pertaining to employment, insurance or credit history. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. M.G.L. C.149 S. 19B

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_